

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027662

FILED
Jan 21, 2012
Secretary of State

Entity Name: INDEMNITY ASSURANCE GROUP LLC

Current Principal Place of Business:

17890 NE 31 COURT
3314
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

17890 NE 31 COURT
3314
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 26-4656185 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLASE, DEBORAH
17890 NE 31 CT.
#3314
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CLASE, DEBORAH
Address: 17890 NE 31 COURT, #3314
City-St-Zip: AVENTURA, FL 33160

Title: MGR
Name: GOULD, MICHAEL M
Address: 17890 NE 31 COURT, #3314
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEBORAH CLASE MGR 01/21/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date